PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Address associated with customer number 22511 APPLICATION NO. FILING DATE FIRST NAMED INVENTION: MANAGING A COMMUNICATION DEVICE VIA GI				ED INVENT au Tang	Fee(s) Transmi papers. Each a have its own co I hereby certify States Postal S addressed to t transmitted to tt N/A N/A N/A OR	ittal. This certificate cannot be dditional paper, such as an assertificate of mailing or transmit Certificate of Mailing or y that this Fee(s) Transmittal is ervice with sufficient postage he Mail Stop ISSUE FEE as the USPTO (571) 273-2885, on ATTORNEY DOCKET NO 09669/041001	Transmission is being deposited with the United for first class mail in an envelope iddress above, or being facsimile the date indicated below. (Depositor's name) (Signature) (Date)
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Patent	no		\$1,510.00		00.00	\$1,810.00	January 21, 2009
EXAMIN	R ART U		INIT	CLASS-S	UBCLASS]	•
T. Pham		261	8			•	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) AXALTO SA MONTROUGE CEDEX, FRANCE,							w, the document has been filed
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
x Issue Fee			A check in the amount of the fee(s) is enclosed.				
X Publication Fee (No small entity discount permitted) X Payment by credit card.							
Advance Order -# of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 50-0591), or credit any overpayment, to
5. Change in Entity Statu	s (from status indicate	d above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
	blication Fee (if require	d) will not be ac	ecepted from a			viously paid issue fee to the app nt; a registered attorney or age	plication identified above. nt; or the assignee or other party in
Authorized Signature	/Jonathan P. Osha/					Date	January 9, 2009
Typed or printed name		Jonathan P. Osha				Registration No.	33,986